



SEP 25 2007

APPLICATION DATA SHEET

EXPRESS MAIL NO.:

Application Information

Application number:: 10/574,380
Filing Date:: 10/13/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: IN VITRO METHOD FOR THE DIAGNOSIS OF
ATTORNEY DOCKET NUMBER:: 81197-2
CARDIOVACULAR FUNCTIONALITY OF
REQUEST FOR EARLY PUBLICATION?:: No
BONE MARROW-PRECURSOR CELLS (BMP)
REQUEST FOR NON-PUBLICATION?:: No
AND/OR CIRCULATION PRECURSOR CELLS
DERIVED FROM BLOOD (BDP)
SUGGESTED DRAWING FIGURE::
TOTAL DRAWING SHEETS:: 7
SMALL ENTITY?:: Yes
PETITION INCLUDED?:: No
PETITION TYPE::
LICENSED U.S. GOV'T AGENCY:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

| | |
|---|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full capacity |
| Given Name:: | Andreas |
| Middle Name:: | M. |
| Family Name:: | Zeiher |
| Name Suffix:: | |
| City of Residence:: | Frankfurt |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Deutschherrnuf 47 |
| City of mailing address:: | Frankfurt |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 60594 |

Second Applicant Information

| | |
|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full capacity |
| Given Name:: | Christopher |
| Middle Name:: | |
| Family Name:: | Heeschen |
| Name Suffix:: | |
| City of Residence:: | Munich |
| State or Province of Residence:: | |

Country of Residence:: DE
Street of mailing address:: BoseHistr. 4
City of mailing address:: Munich
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 81247

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full capacity
Given Name:: Stefanie
Middle Name::
Family Name:: Dimmeler
Name Suffix::
City of Residence:: Frankfurt
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Deutschherrnufer 47
City of mailing address:: Frankfurt
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 60594

Fourth Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: **206-628-7621**

Fax Number:

E-Mail address:: barrydavison@dwt.com

Representative Information

| | | |
|----------------------------------|--|-------|
| Representative Customer Number:: | | 22504 |
|----------------------------------|--|-------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | National stage of | EP04/011503 | 10/13/04 |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| DE | 10347436.6 | 10/13/03 | Yes |
| | | | |
| | | | |

Assignee Information

| | |
|---|----------------------|
| Assignee name:: | Frankfurt University |
| Street of mailing address:: | Senckenberganlage 31 |
| City of mailing address:: | Frankfurt am Main |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 60325 |